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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/635,736	
	Filing Date	August 6, 2003	
	First Named Inventor	Willem Kools	
	Group Art Unit	1723	
	Examiner Name	Ana M. Fortuna	
Total Number of Pages in This Submission	17	Attorney Docket Number	2089/102 (MCA-517)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (2 Months) (\$450.00) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Fourth Supplemental Information Disclosure Statement (\$180.00) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Check in the amount of \$630.00 <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08 (2 pages) (in duplicate) Copy of Japanese Office Action 8 references (i.e., Reference Cite Nos. 30-37) IDS and PTO/SB/08 mailed January 10, 2005 with 10 references (i.e., Reference Cite Nos. 10-19)
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael L. Goldman Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	<i>Michael L. Goldman</i> Registration No. 30,727
Date	August 17, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
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<u>8/17/06</u> Date	<u><i>Laura L. Trost</i></u> Signature Laura L. Trost Typed or printed name

FEE TRANSMITTAL FOR FY 2005

Application Number	10/635,736
Filing Date	August 6, 2003
First Named Inventor	Willem Kools
Examiner Name	Ana M. Fortuna
Art Unit	1723
Attorney Docket No.	2089/102 (MCA-517)

☐ Applicant claims small entity status. See 37 CFR 2.101.

TOTAL AMOUNT OF PAYMENT (\$630.00)

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(\$630.00)

Examiner Name	Ana M. Fortuna
Art Unit	1723
Attorney Docket No.	2089/102 (MCA-517)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

FILING FEES

SEARCH FEES

EXAMINATION FEES

<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Small Entity

Fee (\$)	Fee (\$)
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Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>29</u>	- 66 or HP =	<u>0</u>	x	<u>0</u>	=	<u>0</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>
8	- 12 or HP =	0	x	0	=	0

HP =- highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number)	x _____	= _____	


4. OTHER FEE(S)

Fees Paid (\$)

Non-English Specification,	\$130 fee (no small entity discount)
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Other: 2-Month Extension of Time Fee (\$450); Information Disclosure Statement Fee (\$180) _____ 630

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	30,727	Telephone	(585) 263-1304
Name (Print/Type)	Michael L. Goldman			Date	August 17, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

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Signature: Laura L. Trost
Name: Laura L. Trost

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